

vertigo; but no other symptoms of ataxia existed. Treatment with nitrate of silver removed the gastric catarrh, but had no influence on the other troubles. These, however, were *definitely removed by dilatation of the stricture*. A final examination revealed only an increased patellar reflex, slight pains in back and early fatigue on walking. Closure of the eyes still induced unsteady gait and vertigo, which, however, never occurred under other circumstances.

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**THE PATHOGENY OF GENERAL PARALYSIS.**—The following are the concluding paragraphs of a communication by M. Luys on the pathogenic conditions of the development of general paralysis and of the sclerotic degenerations of the nervous system, read before the Société Médicale des Hôpitaux, April 12, 1878, and published in *L'Union Médicale*, Oct. 1 and 8, 1878 :

*En résumé*, the interstitial frame-work which serves as the support and trophic agent to the elements of the nervous system, is, in the living person, from birth to old age, in a constant evolution, which manifests itself appreciably by a hardening and progressive condensation of the fibres.

This continual work of production of new elements appears to be at its maximum intensity between the ages of thirty and fifty years. After the latter period it remains stationary.

1. The elementary lesions constituting general paralysis are only a morbid exaggeration of this normal process. The maximum frequency of this disease, as regards its time of appearance, corresponds with the epoch when the process of development of the neuroglia is most intense.

The influence of external causes acts in the production of reiterated hyperæmias and consequent irritation of the corpuscles of the neuroglia. They whip up, so to speak, the natural process of evolution, which thus becomes their accomplice.

2. Other disorders of the nervous system are due to the same organogenic conditions. It is always the case that the neuroglia, in its various forms, takes part, more or less, in the degenerative process; as is seen in the sclerotic lesions of locomotor ataxy, paralysis agitans, multiple sclerosis, etc.

In a more general point of view the process of sclerotic hyperplasia that is developed in the intimate structure of the nervous system, is only the diminished expression of a series of other similar processes that occur elsewhere in the different viscera of the organism, under the form of sclerotic degeneration. The general laws of morbid evolution manifest themselves everywhere in the same manner; there is always the same insubordination of the passive element of the interstitial fibrous frame-work, living in the closest relations with the special elements of the tissues that crowds out these latter and substitutes itself in its place.

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**SYPHILITIC EPILEPSY.**—The following are the conclusions as to the diagnosis of the syphilitic origin of epilepsy, derived from an analysis of two hundred and seventy-four cases, by Dr. Thos. Stretch Dowse, *Practitioner*, Oct., 1878 :

"The age of the patient is an important guide. Should a man or woman be attacked by epilepsy between thirty and forty years of age, without having any hereditary predisposition, or a previous seizure, then a syphilitic cause may be apprehended. And, apart from this, provided that between the attacks there is more or less mental derangement, our basis for a diagnosis is greatly simplified, and it is even more so if there be a paresis more or less profound, localized or unilateral, but gradually passing off after the epileptiform seizure. The reflex processes are rarely, if ever, completely absent. The iris may contract under the influence of a strong light; the lips close when the conjunctiva is tickled, and a state of sub-consciousness rather than profound coma is a prominent feature from first to last.

"The stages of the attack are ill-defined, and merge the one into the other. The universal tonic spasm, with tonicus rarely presents itself. Pallor rather than cyanosis is the facial exponent, and the duration of the fit is protracted sometimes to many hours, with intervals of wandering, delirium and excitement. Foaming at the mouth is less common in these cases than a profuse flow of saliva, and all sorts of cries are associated with the seizure; but they are rarely so exalted as Romberg expresses it, 'shrill and terrifying to man and beast.'

"And lastly in reference to albumen in the urine. I have given considerable attention to this point, and I have failed to find it present in any but a few of the cases; but epileptoid seizures, associated with albuminoid syphilis and a plentiful secretion of phosphatic albuminous urine, are not uncommon."

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HAY FEVER.—Dr. Geo. M. Beard, *N. Y. Med. Record*, Nov. 2, insists on the neurotic character of hay fever, and the non-essential character of particular symptoms. He says, "Just as in writer's cramp—a disease I am now specially investigating—there are many cases that do not have the characteristic cramp; just as there may be sick headache without the usual nausea and vomiting, just as we may have locomotor ataxy without the ataxic gait, just as there may be hysteria without hysterical convulsions, just so there may be genuine hay fever without any of the familiar symptoms of the nasal respiratory tract.

He states that among other anomalous cases of the disease, he has met with those in which the usual symptoms were replaced by conjunctivitis, eczema, spasm of the œsophagus, and in one a transient melancholia preceding by a few days the ordinary attack, during which the patient was insensible to the effect of large quantities of alcohol, though at other times easily affected by it.

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SCLEROSIS OF THE SPINAL CORD AND THE RESULTS OF MYELITIS.—E. Leyden gives, in the *Charité Annalen*, for 1878, the results of some experiments on the artificial production of sclerosis of the spinal cord with the view of determining, as far as possible, whether it is to be regarded as a special form of chronic myelitis, and what are its relations to acute myelitis. By injecting a few drops of Fowler's solution into the spinal cord of dogs,